



STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT**

For filing with Ecology or with County Conservancy Boards

RECEIVED

\*11 JUN 13 A10:48

WASHINGTON STATE  
DEPARTMENT OF ECOLOGY  
SW REGIONAL OFFICE

**A MINIMUM FEE OF \$50.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use  
☐ Add purpose(s) of use  
☐ Change point(s) of diversion/withdrawal  
☒ Add point(s) of diversion/withdrawal  
☐ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

FOR OFFICE USE ONLY	
CHANGE No. <u>CG2-GWC2686@1</u>	WRIA <u>28</u>
DATE ACCEPTED <u>6/13/11</u>	BY <u>SL</u>
FEE \$ <u>✓</u>	REC'D <u>6/13/11</u>
CHECK No. _____	
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

APPLICANT/BUSINESS NAME <b>Washington State University (Joe Steinbrenner)</b>	PHONE NO. <b>(360) 546-9610</b>	FAX NO. <b>(360) 546-9046</b>
ADDRESS <b>14204 NE Salmon Creek Avenue</b>		
CITY <b>Vancouver</b>	STATE <b>Washington</b>	ZIP CODE <b>98686-9600</b>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <b>Jill Van Hulle</b> <b>Pacific Groundwater Group</b>	PHONE NO. <b>(360) 413-1510</b>	FAX NO. <b>(360) 413-1520</b>
ADDRESS <b>3130 60<sup>th</sup> Loop SE</b>		
CITY <b>Olympia</b>	STATE <b>Washington</b>	ZIP CODE <b>98501</b>

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER <b>Ground Water Right 2686</b> <b>(CG2-GWC2686)</b>	RECORDED NAME(S) <b>Washington State University</b>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>Water use is being re-established consistent with the development schedule established under CG2-GWC2686</b>	

**Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.**

**FOR OFFICE USE ONLY**

APP. NO. 4212 PERMIT NO. 3915 CERT. NO. 2686 CERT. OF CHANGE NO. CG2-GWC2686@1

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well A	1	NE	NW	24	3N	1EWM	011-185948000	ALK126

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well A	1	NE	NW	24	3N	1EWM	011-185948000	ALK126
DAW-1	2	NE	SW	24	3N	1EWM	011-185948000	TBD

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES   ☐ NO   PROPOSED: ☒ YES   ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	50 GPM	20	March 1 through October 31

B. Proposed (No Change Requested)

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	50 GPM	20	March 1 through October 31

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
WSU Vancouver campus area that has or will require irrigation as shown on Attachment 1.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		13 & 24	3	1 E. W.W.	Clark		
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed (No Change Requested)

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
WSU Vancouver campus area that has or will require irrigation as shown on Attachment 1.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		13 & 24	3	1 E.W.M	Clark		
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES   NO – IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☒ YES   ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

GWC 1851



6. Remarks and Other Relevant Information:

The intent of this request is to consolidate pumping from the new irrigation well (DAW-1). The originally designated well will be retained for back-up supply if needed.

New POW is located 2,650 feet south and 1,970 feet east of the northwest corner of Section 24, Township 3N, Range 1 EWM

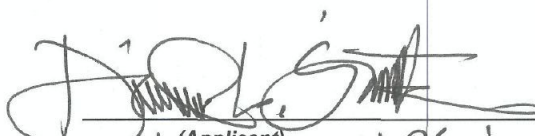
IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, P O Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

  
(Applicant) 26 07 / 2011  
Director - Capital Planning & Development (Date)

\_\_\_\_\_  
(Water Right Holder) \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Land Owner(s) of Existing Place of Use) \_\_\_\_\_ (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- |   |   |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED   | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE    |
| <input type="checkbox"/> OTHER/EXPLANATION: _____       |   |

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_